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ABSTRACT

This paper briefly elaborates on two major points of a school model for implementing guidance services for the developmentally disabled. (1) Methodology and Techniques--While it is not necessary to abandon the basic techniques which are effective with any other group of individuals, there is likely to be a different emphasis upon the basic techniques and methodology because of the type of person whose behavior and attitudes it is desirable to change. Group counseling and guidance, individual counseling, play therapy, psychodrama, may each be useful in assisting and guiding disabled individuals. (2) Specific Services and Resources--Guidance services to the developmentally disabled should provide for the full range of individual needs including personal, social, educational, and vocational aspects. These services may be provided by the total educational staff including teachers, administration, supportive services, students, parents, and community and statewide resources. Guidance services should be extended also to parents of the developmentally disabled. It is imperative that the school counselor establish a positive working relationship with educational staff, parents, and community resources, as well as know all about the various resources which are available in his community and on a statewide basis. (Author/CJ)

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Guidance Services for the Developmentally Disabled: A Model for Schools

Since the primary goal in the field of the handicapped today is the concept of normalization, it seems only reasonable that guidance and counseling services for the disabled be structured in a way that will maximize the possibility of a normal life-style. Since the end product of any successful education is successful occupation it also stands to reason that comprehensive guidance and counseling services are structured to insure the maximum in occupational success.

In order to develop a program that is effective, we must first identify the areas of need.

Emotional disturbance has been thought to be greater among the disabled than among the normal. By the very nature of his disabilities, the disabled person encounters more crisis situations during development than the non-disabled. (Beier 1964)

As a student the disabled child needs to understand his difference in the regular classroom or his placement in a special classroom. The disabled person needs help in adjusting to the school environment. For the disabled the school experience is often one of repeated failures in the classroom. He encounters more frustrations, humiliations, and defeats than the non-disabled all tending to lower self image and create an aversion to learning. (Browning and Herber 1974)

As a peer group member the disabled child tends to be rejected by his non-disabled peers and is frequently a social isolate.

The disabled child is often a member of a lower middle or lower class family and may experience poverty and cultural deprivation.

As a worker the disabled adult more often fails to achieve successful vocational adjustment because of personal-social deficiencies rather than lack of job skills. (Kolstoe and Frey 1965)

Some common problems among the adult disabled worker include:

1. His inability to make decisions
2. His inability to tolerate long periods of non-reinforcement
3. His unwillingness to risk failure
4. His lack of initiative, cooperation and cheerfulness
5. His inappropriate social behaviors

If these, then, are the problem areas which the adult disabled person is experiencing, perhaps we should look at our failure as educators and counselors to meet these needs.

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It is apparent that each of the needs listed represents a failure which could be met during developmental growth. It is also apparent that personal-social development should be focused upon in the school environment.

A comprehensive and developmental guidance program can be implemented with little modification of a successful guidance program for the non-disabled.

A comprehensive guidance program for the developmentally disabled should include:

1. Group counseling (shorter sessions, concrete concepts, Methodology (magic circle) story therapy, etc.)
2. Individual counseling (play media, art media, music media, psychodrama, role-playing). It has been found that verbal counseling is relatively time consuming and not necessarily the most efficient technique available. Those who possess strong verbal skills and whose retardation is largely psychogenic in origin benefit from verbal counseling.
3. Classroom guidance activities (Duso, career, social concepts, self image concepts, decision making, cooperating, group process) done daily - time periods short.
4. Behavior modification techniques. A technique that has become widely adopted in the care of the mentally retarded. The principals are relatively easy to learn and can be utilized very appropriately in a natural environment.
5. Parent Programs - Little has been presented about ways of assisting parents of the developmentally disabled. Although a number of community agencies offer services for the handicapped, so many families are overburdened by the problems of existence and social deprivation that there is little motivation to seek assistance or follow through on any help they get.

Enlisting the assistance of the PE Dept., Music Dept., Art Dept., Psychology Dept., Drama Dept., LD Dept., Vocational Training Staff and all other services in the school district can help to integrate a total guidance program.

Regular meetings should be scheduled with all other staff members in order to set and reach behavioral objectives.

Materials used in the regular guidance program can be adapted to a program for the developmentally disabled.

If one can envision activities in "slow motion" one may grasp the concept of a program for the disabled. Slow it down - remove the abstractions, deal in concrete concepts, use shorter spans of time on a daily schedule.

The counselor who works with the disabled must possess a certain body of knowledge beyond a competency in counseling principals and techniques in general. Specifically the counselor should possess a broad knowledge of medical, social, educational, and habilitational aspects of mental retardation. The counselor should be informed of the variety of programs and community resources that are available to the retarded and their families.

The counselor must possess certain attitudes about mental retardation and its treatment. One must be free from stereotypes about the retarded, such as the common belief that all forms of retardation are inherited and invariably associated with other deviancies like mental illness or delinquency. (Browning and Heber 1974) In addition to being facilitative, the counselor should become intimately acquainted with the field of mental retardation on intelligence and experiential levels.

A Parent Education Program for the parents of the developmentally disabled is necessary for a complete comprehensive and developmental guidance program.

I would suggest organizing the program into two phases:

Phase I - Theraputic in nature; to recognize common elements in their feelings about their youngsters and the extra demands the handicapped child makes on other family members; to share their tendency to deny that the child's handicap presents special problems; preventative intervention where life cycle events intersect with institutional or environmental processes; to share their feelings of guilt and frustration about the burdens of caring for a handicapped child; to identify with others; to feel accepted and enhance self esteem; to gain reassurance from others. Time span: about three weeks, or as needed.

Phase II- As the parents begin to relax and to feel better about themselves, they will become more able to consider their own and their children's needs. In the Phase II section, methods of working with handicapped children and the ambivalent feelings parents experience about disciplining a handicapped child. The program should offer principles and techniques appropriate in assisting the disabled child to learn acceptable social behavior and build a positive self image.

A program structured in the manner above should have a duration of six or more weeks, meetings lasting two hours once each week.

An on-going parent program can evolve through leadership workshops lasting for six weeks, the parent leaders meeting once each week for two hours. From this workshop small parent study groups can result.

Another type of on-going discussion group can result in subsequent weekly meetings at the school or center.

The effects of parent groups can include (Journal of School Health, 1974):

1. The self-esteem of the parents increased
2. Parents become more capable of understanding and assisting their handicapped youngster and can work more effectively with the school.
3. Relationships between home and school improve because the school becomes a place where parent-child-school problems can be discussed and resolved.
4. School staff gain increased understanding of the parents' needs and more opportunity to involve parents in educational planning and home management.
5. Offers a starting point for solving individual problems. Reveals to parents outside agencies and sources for securing assistance when needed.

Guidance and counseling programs for the disabled have long been neglected due to the misassumption that such services are of ineffectual benefit with the developmentally impaired. However, clinical empirical studies which have been reported over the past years have proved this contention to be incorrect. (Kaydin and Bootzin, 1972; Sarason, 1953) Recent trends toward mainstreaming and toward maximum normalization would seem to add further substantiation to the premise. In addition recent governmental mandates requiring provision of services for all exceptionalities highlight an increasingly imperative need for the school counselor to have an adequate understanding of developmental disabilities and associated special needs. Only with the acquisition of such knowledge by the school counselor and with acceptance of the value of counseling and guidance services for the disabled by all concerned can appropriate guidance and counseling services be designed.